

ROUTING AND TRANSMITTAL SLIP

Date

12/1/82

TO: (Name, office symbol, room number, building, Agency/Post)

Initials

Date

1.

Agutta

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

PM & Consolidated
Change to SQH -
Delete ~~Massachusetts~~
TSD ✓

443647



RCRA RECORDS

DO NOT use

urrences, disposals,

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

bl

Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206